



**Lucas County Children Services**  
**705 Adams Street, Toledo, Ohio 43604**

*An Authorization for Release of Personal Information*

I, \_\_\_\_\_, authorize Lucas County Children Services to release to  
(print or type)

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

the following personal information: \_\_\_\_\_

for the purpose of \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

In order to help locate the information needed, I am giving the following information:

A. My Date of Birth:

Social Security No.

My Telephone #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B Names: (child/children listed below)

(d.o.b.)

Names: (brothers/sisters listed below)

(d.o.b.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Parents' Names: (birth/adoptive) (circle one)

(d.o.b.)

Social Security No.

Telephone #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note:**

Additional information may be requested from you for clarification purposes (ex: custody papers).

LCCS is restricted to releasing personal information concerning services to only the person named and in situations of investigations only date, allegation and disposition can be released to parties involved.

Return to the above address - Attn: Data Processing Department, and allow a minimum of 4-6 weeks to receive information.

**FOR AGENCY USE ONLY**

\_\_\_\_\_  
(\$ Amount Paid)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

Case/Referral Number: \_\_\_\_\_ Case/Referral Name: \_\_\_\_\_